

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2007

through

08

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

09

17

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		365524.77
(b) Cash on Hand at Beginning of Reporting Period	452597.50	
(c) Total Receipts (from Line 19)	49705.93	605450.75
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	502303.43	970975.52
7. Total Disbursements (from Line 31)	28166.60	496838.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	474136.83	474136.83
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	45847.48	514363.78
(i) Itemized (use Schedule A)		
(ii) Unitemized	2758.13	82579.38
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	48605.61	596943.16
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	48605.61	596943.16
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1100.32	8507.59
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	49705.93	605450.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	49705.93	605450.75

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	3928.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	3928.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		28000.00	482000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		166.60	10910.69
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		28166.60	496838.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		28166.60	496838.69

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	48605.61	596943.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48605.61	596943.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	3928.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	3928.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 85

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR James Rausch

Mailing Address Fort Wayne Radiology
3707 New Vision Dr

City State Zip Code
Fort Wayne IN 46845-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ft Wayne Radiology Associ-
ation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: 20943825

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
DR Edward Angtuaco

Mailing Address Radiology Consultants
9601 Lile Dr Ste 1100

City State Zip Code
Little Rock AR 72205-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 2 / 2 0 0 7

Transaction ID: 21006264

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr. John Baden

Mailing Address 9601 Lile Dr Ste 1100

City State Zip Code
Little Rock AR 72205-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 2 / 2 0 0 7

Transaction ID: 21006265

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Michael V. Beheshti

Mailing Address 4 Grayan Ct

City

Little Rock

State

AR

Zip Code

72223-9105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 7

Transaction ID: 21006266

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. DR Amanda Ferrell

Mailing Address 1606 Blair St

City

Little Rock

State

AR

Zip Code

72207-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer
NWU Breast Imaging Flwshp
Prog

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 7

Transaction ID: 21006267

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Kevin Forte

Mailing Address Radiology Consultants
9601 Lile Dr Ste 1100

City

Little Rock

State

AR

Zip Code

72205-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 7

Transaction ID: 21006268

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Clinton Fuller, III
Mailing Address 9601 Lile Dr Ste 1100

City State Zip Code
Little Rock AR 72205-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 7

Transaction ID: 21006269

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
DR Scott Harter
Mailing Address 55 Maisons Dr

City State Zip Code
Little Rock AR 72223-9020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 7

Transaction ID: 21006270

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR David Hays
Mailing Address 18 Farnham Loop

City State Zip Code
Little Rock AR 72223-9199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 7

Transaction ID: 21006271

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Michael KingMailing Address Rad Consultants of Little Rock
9601 Lile Dr Ste 1100

City	State	Zip Code
Little Rock	AR	72205-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Consultants of Little
RockOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	0	7

Transaction ID: 21006272

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR David Kolb

Mailing Address 25 Talais Dr

City	State	Zip Code
Little Rock	AR	72223-9129

FEC ID number of contributing
federal political committee.

C

Name of Employer
U of Arkansas for Med SciOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	0	7

Transaction ID: 21006273

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Michael Long

Mailing Address 1 Picayune Ct

City	State	Zip Code
Little Rock	AR	72211-6213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little RockOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	0	7

Transaction ID: 21006275

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Ronald Martin

Mailing Address 110 Buckland PI

City State Zip Code
 Little Rock AR 72223-4567

FEC ID number of contributing federal political committee.

C

Name of Employer
Radiology Consultants of
Little RockOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 2 / 2 0 0 7

Transaction ID: 21006276

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Josue Montanez

Mailing Address Radiology Consultants of Little Ro
961 Lile Dr Ste 1100

City State Zip Code
 Little Rock AR 72205-6333

FEC ID number of contributing federal political committee.

C

Name of Employer
Radiology Consultants of
Little RockOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 2 / 2 0 0 7

Transaction ID: 21006277

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Joseph Murphy

Mailing Address 48 Hickory Hills Cir

City State Zip Code
 Little Rock AR 72212-2766

FEC ID number of contributing federal political committee.

C

Name of Employer
Radiology Consultants of
Little RockOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 2 / 2 0 0 7

Transaction ID: 21006278

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Steven Nokes

Mailing Address Radiology Consultants
9601 Lile Dr Ste 1100City State Zip Code
Little Rock AR 72205-6333FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology ConsultantsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 2 / 2 0 0 7

Transaction ID: 21006279

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Harish Patel

Mailing Address 2 Margeaux Ct

City State Zip Code
Little Rock AR 72223-9193FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little RockOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 2 / 2 0 0 7

Transaction ID: 21006288

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR W Dale Perryman

Mailing Address 6 Courts Dr

City State Zip Code
Little Rock AR 72223-9021FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little RockOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 2 / 2 0 0 7

Transaction ID: 21006289

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR William Pierce		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 7	
Mailing Address Radiology Consultants 9601 Lile Dr Ste 1100		Transaction ID: 21006290	
City Little Rock State AR Zip Code 72205-6333		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Consultants of Little Rock		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
B. Full Name (Last, First, Middle Initial) DR Kenneth Robbins		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 7	
Mailing Address Radiology Consultants 9601 Lile Dr Ste 1100		Transaction ID: 21006291	
City Little Rock State AR Zip Code 72205-6333		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Consultants		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) DR Martin Robinson		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 7	
Mailing Address 1515 Wetherborne Dr		Transaction ID: 21006292	
City Little Rock State AR Zip Code 72211-6125		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Consultants of Little Rock		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Thomas St Amour

Mailing Address 14116 Belle Pointe Dr

City	State	Zip Code
Little Rock	AR	72212-3697

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology Consultants of
Little RockOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	0	7

Transaction ID: 21006293

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Todd Smith

Mailing Address 18 Masters Cir

City	State	Zip Code
Little Rock	AR	72212-3304

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology Consultants of
Little RockOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	0	7

Transaction ID: 21006294

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Robert Stuckey

Mailing Address 216 Buckland Cir

City	State	Zip Code
Little Rock	AR	72223-4534

FEC ID number of contributing
federal political committee.**C**Name of Employer
U of Arkansas for Med Sci-
encesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	0	7

Transaction ID: 21006295

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Alan Williams
 Mailing Address 55 Robinwood Dr

City State Zip Code
 Little Rock AR 72227-2238

FEC ID number of contributing federal political committee.

C

Name of Employer
Radiology Consultants of
Little RockOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 2 / 2 0 0 7

Transaction ID: 21006296

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
 DR Gerard Helinek
 Mailing Address 25 Hummingbird Rd

City State Zip Code
 Wyomissing PA 19610-2849

FEC ID number of contributing federal political committee.

C

Name of Employer
West Reading Radiology As-
sociatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 6 / 2 0 0 7

Transaction ID: 21019093

Amount of Each Receipt this Period

2000.00

C. Full Name (Last, First, Middle Initial)
 DR Correna-Lea Terrell
 Mailing Address PO Box 1629

City State Zip Code
 Taos NM 87571-1629

FEC ID number of contributing federal political committee.

C

Name of Employer
Taos Medical ImagingOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 6 / 2 0 0 7

Transaction ID: 21019095

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Sanjiv Parikh		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 6 / 2 0 0 7	
Mailing Address Radia Medical Imaging 728 134th St SW Ste 120		Transaction ID: 21019096	
City Everett	State WA	Zip Code 98204-7332	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Radia Medical Imaging	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) DR Daniel Schwartzberg		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 8 / 2 0 0 7	
Mailing Address 1250 McLynn Ave NE		Transaction ID: 21044235	
City Atlanta	State GA	Zip Code 30306-2530	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Georgia Baptist Hospital	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		
C. Full Name (Last, First, Middle Initial) DR Brent Wagner		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7	
Mailing Address PO Box 16052		Transaction ID: 21071273	
City Reading	State PA	Zip Code 19612-6052	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer West Reading Radiology Associates	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)

2040.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David Marlow

Mailing Address 7821 115th PI NE

City State Zip Code
 Kirkland WA 98033-6710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 4 / 2 0 0 7

Transaction ID: 21084521

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Alice Josafat

Mailing Address 312 150th St SE

City State Zip Code
 Lynnwood WA 98087-6733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 4 / 2 0 0 7

Transaction ID: 21084522

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR James Sloves

Mailing Address Vista Diagnostic Center
 25 McCabe Dr

City State Zip Code
 Reno NV 89511-5991

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holy Cross Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 5 / 2 0 0 7

Transaction ID: 21105154

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR William Jones

Mailing Address 4888 Sedgwick

City

Riverside

State

CA

Zip Code

92507-5757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arlington Rad Medical Grp
Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: 21105155

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR John Lohnes, JR

Mailing Address Wichita Radiological Group PA
PO Box 8903

City

Wichita

State

KS

Zip Code

67208-0903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wichita Radiological Group
PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: 21105898

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR William Fife

Mailing Address 256 NW Pacific Grove Dr

City

Beaverton

State

OR

Zip Code

97006-8352

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAC/USC Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: 21105899

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Thomas Lawrence

Mailing Address 21 Flagship Cv

City Greensboro State NC Zip Code 27455-3428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: 21105901

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)
DR Charles Williams, III

Mailing Address 2117 Cleveland Street Ext

City Greenville State SC Zip Code 29607-3649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology, PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183114

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
DR Bradford Richmond

Mailing Address Cleveland Clinic Foundation
9500 Euclid Ave

City Cleveland State OH Zip Code 44195-5021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic Founda-
tion

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183115

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Murray Becker
 Mailing Address 56 Independence Dr

City State Zip Code
 East Brunswick NJ 08816-3286

FEC ID number of contributing federal political committee.

C

Name of Employer
Columbia-Presbyterian Med CtrOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183116

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
 DR Andrew Beloni
 Mailing Address 5624 Laurium Rd

City State Zip Code
 Charlotte NC 28226-5610

FEC ID number of contributing federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183117

Amount of Each Receipt this Period

45.00

C. Full Name (Last, First, Middle Initial)
 DR David Buck
 Mailing Address 144 Penhurst Dr

City State Zip Code
 Pittsburgh PA 15235-5320

FEC ID number of contributing federal political committee.

C

Name of Employer
Greensburg X-Ray AssociatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.68

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183125

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

105.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR David Marcantonio		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 0 7	
Mailing Address William Beaumont Hosp 3601 W 13 Mile Rd		Transaction ID: 21183126	
City Royal Oak State MI Zip Code 48073-6769		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Georgia West Imaging Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	
B. Full Name (Last, First, Middle Initial) DR Gary Geil		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 0 7	
Mailing Address Heritage Medical Bldg 1100 N Tustin Ave		Transaction ID: 21183127	
City Santa Ana State CA Zip Code 92705-3509		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	
C. Full Name (Last, First, Middle Initial) DR Stephen Agatston		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 0 7	
Mailing Address 3206 Saint Johns Dr		Transaction ID: 21183128	
City Dallas State TX Zip Code 75205-2919		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Kent LancasterMailing Address Radiology Associates of Berrien
416 State St Ste ACity State Zip Code
Saint Joseph MI 49085-1250FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
BerrieOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183129

Amount of Each Receipt this Period

42.00

B. Full Name (Last, First, Middle Initial)
DR Lonnie SimmonsMailing Address Gundersen Lutheran Clinic
1900 South AveCity State Zip Code
La Crosse WI 54601-5494FEC ID number of contributing
federal political committee.

C

Name of Employer
Gundersen Lutheran ClinicOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183134

Amount of Each Receipt this Period

41.67

C. Full Name (Last, First, Middle Initial)
DR Terry MartinMailing Address Rad Assoc of Birmingham PC
2090 Columbiana Rd Ste 4400City State Zip Code
Birmingham AL 35216-2152FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Birmingham
PCOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183135

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

183.67

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Douglas Picton
Mailing Address 1911 NC Highway 121

City State Zip Code
Greenville NC 27834-7187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern RadiologistsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	7

Transaction ID: 21183136

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)
DR Brian Kuszyk
Mailing Address 3219 Old Oak Walk

City State Zip Code
Greenville NC 27858-8441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern RadiologistsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	7

Transaction ID: 21183147

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
DR Daniel Cohen
Mailing Address 1480 Brookfield Road

City State Zip Code
Yardley PA 19067-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central NJOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	7

Transaction ID: 21183148

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Michael Tripp

Mailing Address 751 Lexington Dr

City State Zip Code
 Greenville NC 27834-0508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183149

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

DR Douglas Shusterman

Mailing Address Eastern Radiologists Inc
 9 Doctors Park

City State Zip Code
 Greenville NC 27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183150

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)

DR Eric M. Martin

Mailing Address 1818 Bloomsbury Rd

City State Zip Code
 Greenville NC 27858-9612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183151

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Roger Vithalani
 Mailing Address 516 Chesapeake Place

City State Zip Code
 Greenville NC 27858-0678

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Eastern Radiology

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183160

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)
 DR Jeffrey Mewborne
 Mailing Address 1702 S Thames Ct

City State Zip Code
 Greenville NC 27858-8130

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Eastern Radiologists

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183161

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
 DR James Eisenberg
 Mailing Address The Defiance Clinic
 1400 E 2nd St

City State Zip Code
 Defiance OH 43512-2494

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Defiance Clinic

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183164

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Eric Sax		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 0 7
Mailing Address 9 Old Sudbury Rd		Transaction ID: 21183165
City Lincoln	State MA	Amount of Each Receipt this Period 83.34
Zip Code 01773-4807		
FEC ID number of contributing federal political committee. C		
Name of Employer The Imaging Institute	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

B. Full Name (Last, First, Middle Initial) DR Jorge Albin		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 0 7
Mailing Address 645 Mulberry Ln		Transaction ID: 21183166
City Bellaire	State TX	Amount of Each Receipt this Period 41.67
Zip Code 77401-3803		
FEC ID number of contributing federal political committee. C		
Name of Employer St Joseph Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

C. Full Name (Last, First, Middle Initial) DR Joseph Lurito		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 0 7
Mailing Address Eastern Radiologists 9 Doctors Park		Transaction ID: 21183167
City Greenville	State NC	Amount of Each Receipt this Period 50.00
Zip Code 27834-2801		
FEC ID number of contributing federal political committee. C		
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)

175.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR H E. Longmaid, III

Mailing Address 52 Harwich Rd

City

Chestnut Hill

State

MA

Zip Code

02467-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

334.68

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183168

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. DR Demetrius Morros

Mailing Address 1045 Lake Colony Ln

City

Birmingham

State

AL

Zip Code

35242-7402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Birmingham Radiological
Group P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183169

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. DR Steven Leibel

Mailing Address 19 Woodleaf Ave

City

Redwood City

State

CA

Zip Code

94061-1823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanford University

Occupation

Radiation Oncologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183172

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

165.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Kevin O'Brien

Mailing Address St Johns Macomb Hospital
11800 E 12 Mile Rd

City State Zip Code
Warren MI 48093-3494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Radiology Cons-
ultants, PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183173

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

DR John D. Howard

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183174

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)

DR Michael Lavelle

Mailing Address 12103 Woodcliff Ln

City State Zip Code
Charlotte NC 28277-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183178

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Robert Mittl, JR

Mailing Address 4733 Coburn Court

City State Zip Code
 Charlotte NC 28277-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183179

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. DR Leonard Zawodniak

Mailing Address 1439 Garrett Dr

City State Zip Code
 Wall Township NJ 07719-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jersey Shore Radiology As-
sociates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183180

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Joel Swartz

Mailing Address 1210 Page Ter

City State Zip Code
 Villanova PA 19085-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 7

Transaction ID: 21183181

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

132.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 85

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR James Jelinek

Mailing Address Washington Hospital Center
110 Irving St NW BA94

City State Zip Code
Washington DC 20010-2975

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256265

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen I. Abedon

Mailing Address 222 West 39th Avenue

City State Zip Code
San Mateo CA 94403-4364

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256266

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. DR Diana Baker

Mailing Address 335 Ambar Way

City State Zip Code
Menlo Park CA 94025-5801

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256267

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Edward Baker

Mailing Address California Pacific Medical Ctr
PO Box 7999

City State Zip Code
San Francisco CA 94120-7999

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256268

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. DR Kelly Broderick

Mailing Address 2840 Mariposa Dr

City State Zip Code
Burlingame CA 94010-5735

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng, M.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256269

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. DR Vincent Burke

Mailing Address Sequoia Hospital
170 Alameda de las Pulgas

City State Zip Code
Redwood City CA 94062-2799

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256271

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Daryl Chinn

Mailing Address 115 Kreuzer Ln

City State Zip Code
 Napa CA 94559-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256273

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)

DR William James DeMartini

Mailing Address 126 Terrace Ave

City State Zip Code
 Kentfield CA 94904-1531

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256274

Amount of Each Receipt this Period

75.00

C. Full Name (Last, First, Middle Initial)

DR Susan Denny

Mailing Address 402 Median Way

City State Zip Code
 Mill Valley CA 94941-3561

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256275

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Russell Fritz

Mailing Address 487 Green Glen Way

City State Zip Code
 Mill Valley CA 94941-4018

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256276

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)

DR Michael Hollett

Mailing Address 817 Lathrop Dr

City State Zip Code
 Stanford CA 94305-1054

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256277

Amount of Each Receipt this Period

75.00

C. Full Name (Last, First, Middle Initial)

DR Brian Johnson

Mailing Address 850 Chiltern Rd

City State Zip Code
 Hillsborough CA 94010-7028

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256278

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Jay Kaiser

Mailing Address CA Advanced Imaging Med Assoc Inc
1260 S Eliseo Dr

City State Zip Code
Greenbrae CA 94904-2009

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256279

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)

DR Ralph Koenker

Mailing Address PO Box 6102

City State Zip Code
Novato CA 94948-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256280

Amount of Each Receipt this Period

75.00

C. Full Name (Last, First, Middle Initial)

DR Gregory Lim

Mailing Address 1552 Los Montes Dr

City State Zip Code
Burlingame CA 94010-5964

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256282

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Jay Mall
 Mailing Address 2151 Laguna St Apt 3

City State Zip Code
 San Francisco CA 94115-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256283

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)
 DR David Marcus
 Mailing Address 503 Georgetown Ave

City State Zip Code
 San Mateo CA 94402-2253

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256284

Amount of Each Receipt this Period

75.00

C. Full Name (Last, First, Middle Initial)
 DR Kathleen McKenna
 Mailing Address 154 Gramercy Dr

City State Zip Code
 San Mateo CA 94402-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256285

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Kirk Moon, JR

Mailing Address 1642 16th Ave

City	State	Zip Code
San Francisco	CA	94122-3527

FEC ID number of contributing
federal political committee.**C**Name of Employer
California Advanced Imagi-
ng Medical AsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	7

Transaction ID: 21256286

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)

DR Adam Nevitt

Mailing Address 22 Balclutha Dr

City	State	Zip Code
Corte Madera	CA	94925-1944

FEC ID number of contributing
federal political committee.**C**Name of Employer
California Advanced Imagi-
ngOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	7

Transaction ID: 21256287

Amount of Each Receipt this Period

75.00

C. Full Name (Last, First, Middle Initial)

DR Dennis Orwig

Mailing Address 25 Wolfe Glen Way

City	State	Zip Code
Kentfield	CA	94904-1004

FEC ID number of contributing
federal political committee.**C**Name of Employer
California Advanced Imagi-
ngOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	7

Transaction ID: 21256288

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Allen Oshita		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7	
Mailing Address California Pacific Medical Ctr PO Box 7999		Transaction ID: 21256289	
City State Zip Code San Francisco CA 94120-7999		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer California Advanced Imaging		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	
B. Full Name (Last, First, Middle Initial) DR Damon Sacco		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7	
Mailing Address 105 Santa Rosa Ave		Transaction ID: 21256290	
City State Zip Code Sausalito CA 94965-2049		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer California Advanced Imaging		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	
C. Full Name (Last, First, Middle Initial) DR Jay Scheikowitz		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7	
Mailing Address 1465 Crystal Dr		Transaction ID: 21256291	
City State Zip Code Hillsborough CA 94010-7309		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer California Advanced Imaging		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR John Schrupf

Mailing Address 61 Chanticleer St

City State Zip Code
Larkspur CA 94939-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ngOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	7

Transaction ID: 21256292

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)
DR William Stephenson

Mailing Address 815 Vista Rd

City State Zip Code
Hillsborough CA 94010-6965

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ngOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	7

Transaction ID: 21256293

Amount of Each Receipt this Period

75.00

C. Full Name (Last, First, Middle Initial)
DR Susan Stevens

Mailing Address 1040 Bridle Way

City State Zip Code
Hillsborough CA 94010-7406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cal Advanced Imaging Med.
Assoc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	7

Transaction ID: 21256294

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Richard Wheat

Mailing Address Sequoia Hospital

170 Alameda De Las Pulgas

City

State

Zip Code

Redwood City

CA

94062-2799

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256295

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. DR John Wilson, JR

Mailing Address 15 Arcadia Pl

City

State

Zip Code

Hillsborough

CA

94010-7010

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256296

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. DR Christopher Yoo

Mailing Address 180 Manchester St

City

State

Zip Code

San Francisco

CA

94110-5217

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256297

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Vipin Bansal

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256298

Amount of Each Receipt this Period

350.00

B. Full Name (Last, First, Middle Initial)

DR George Bolton

Mailing Address 133 Yankton St

City State Zip Code
Folsom CA 95630-8140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256299

Amount of Each Receipt this Period

350.00

C. Full Name (Last, First, Middle Initial)

DR Jonathan Breslau

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Associates
of Sacramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256300

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Nicole Carbo		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 7	
Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 21256303	
City State Zip Code Sacramento CA 95815-4227		Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sa- cramento		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00	
B. Full Name (Last, First, Middle Initial) DR Christopher Chong		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 7	
Mailing Address 27075 E El Macero		Transaction ID: 21256304	
City State Zip Code El Macero CA 95618-1006		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sa- cramento		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 950.00	
C. Full Name (Last, First, Middle Initial) DR Huu-Ninh Dao		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 7	
Mailing Address 2627 Rockwell Dr		Transaction ID: 21256305	
City State Zip Code Davis CA 95618-7664		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Associates of Sacramento		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 950.00	

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR John De la Vega

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256306

Amount of Each Receipt this Period

700.00

B. Full Name (Last, First, Middle Initial)

DR Roland DeMarco

Mailing Address 5174 Prior Rdg

City State Zip Code
Granite Bay CA 95746-7186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256307

Amount of Each Receipt this Period

175.00

C. Full Name (Last, First, Middle Initial)

DR Scott Foster

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256308

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Hani Greiss

Mailing Address Radiological Assoc of Sacramento
 1500 Expo Pkwy

City State Zip Code
 Sacramento CA 95815-4227

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Radiological Assoc. of Sa-
 cramento

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256309

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. DR Patrick Harty

Mailing Address 5249 Wyndham Oak Ln

City State Zip Code
 Carmichael CA 95608-3472

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Radiological Assoc. of Sa-
 cramento

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256310

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. DR Jeffrey Kuo

Mailing Address 2619 Mariella Dr

City State Zip Code
 Rocklin CA 95765-5618

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Radiological Assoc. of Sa-
 cramento

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256311

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Don Charles Loomer

Mailing Address 1747 E Wallington Ln

City State Zip Code
 Fresno CA 93730-3596

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256312

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. DR Vartan Malian

Mailing Address 100 Crane Meadow Ct

City State Zip Code
 Roseville CA 95661-4030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256313

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. DR Mylon Marshall

Mailing Address 2201 Lassen Pl

City State Zip Code
 Davis CA 95616-6604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256314

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Charles McDonnell, III

Mailing Address 5436 Ridge Park Dr

City State Zip Code
 Loomis CA 95650-7701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256315

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. DR Miyuki Murphy

Mailing Address 5198 Prior Rdg

City State Zip Code
 Granite Bay CA 95746-7186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256316

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

C. DR Narasimhachari Raghavan

Mailing Address 3157 Oak Cliff Cir

City State Zip Code
 Carmichael CA 95608-4571

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256317

Amount of Each Receipt this Period

700.00

SUBTOTAL of Receipts This Page (optional)

1225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Christopher Schaefer

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256326

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. DR Albert Schraner

Mailing Address 5300 Tufts St

City State Zip Code
Davis CA 95616-7219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256327

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. DR David Seidenwurm

Mailing Address 2806 Hoffman Bluff Way

City State Zip Code
Carmichael CA 95608-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256328

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Christopher Simopoulos

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256329

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. DR James Steidler

Mailing Address 1806 Vela Pl

City State Zip Code
Davis CA 95616-6760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256330

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. DR Bahram Varjavand

Mailing Address 1355 35th St

City State Zip Code
Sacramento CA 95816-5307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256332

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Calvin Wang

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256333

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. DR David Winfield

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256334

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. DR Dylan Witt

Mailing Address 3636 Washoe St

City State Zip Code
Davis CA 95616-5087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256335

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Frederic Conte

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256336

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. DR Michael Haseman

Mailing Address 4713 Firebird Lane

City State Zip Code
Sacramento CA 95841-4550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256338

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard W. Myers

Mailing Address 1500 Expo Parkway

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Associates
of Sacramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256339

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Sharon Dutton

Mailing Address Rad Assoc of Sacramento
1500 Expo PkwyCity State Zip Code
Sacramento CA 95815-4227FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	7

Transaction ID: 21256340

Amount of Each Receipt this Period

350.00

B. Full Name (Last, First, Middle Initial)

DR Roger Gilbert

Mailing Address Rad Assoc of Sacramento
1500 Expo PkwyCity State Zip Code
Sacramento CA 95815-4227FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	7

Transaction ID: 21256341

Amount of Each Receipt this Period

350.00

C. Full Name (Last, First, Middle Initial)

DR Brian Goldsmith

Mailing Address Radiological Assoc of Sacramento
1500 Expo PkwyCity State Zip Code
Sacramento CA 95815-4227FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	7

Transaction ID: 21256342

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Susan Lee		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 7	
Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 21256343	
City Sacramento State CA Zip Code 95815-4227		Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sacramento Occupation Radiation Oncologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1900.00	
B. Full Name (Last, First, Middle Initial) DR Mark Logsdon		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 7	
Mailing Address Rad Associates of Sacramento 1500 Expo Pkwy		Transaction ID: 21256344	
City Sacramento State CA Zip Code 95815-4227		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sacramento Occupation Radiation Oncologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 950.00	
C. Full Name (Last, First, Middle Initial) DR Seth Rosenthal		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 7	
Mailing Address Rad Assoc of Sacramento 2800 L ST STE 10		Transaction ID: 21256345	
City Sacramento State CA Zip Code 95816-5616		Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sacramento Occupation Radiation Oncologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional)

1225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Jody Barber

Mailing Address 19445 County Rd 16

City State Zip Code
 Bristol IN 46507-8951

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Univ School of Me-
dicine

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.80

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256346

Amount of Each Receipt this Period

254.80

Full Name (Last, First, Middle Initial)

B. DR Navin Bedi

Mailing Address 2641 Troon Ct Apt 1A

City State Zip Code
 Elkhart IN 46514-7161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.80

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256347

Amount of Each Receipt this Period

254.80

Full Name (Last, First, Middle Initial)

C. DR Daniel Boll

Mailing Address Radiology Inc
 PO Box 1258

City State Zip Code
 South Bend IN 46624-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256348

Amount of Each Receipt this Period

254.80

SUBTOTAL of Receipts This Page (optional)

764.40

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Michael Brendle Mailing Address 211 Highland Park Dr City Middlebury State IN Zip Code 46540-9071 FEC ID number of contributing federal political committee. C Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 254.80		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 7 Transaction ID: 21256349 Amount of Each Receipt this Period 254.80
B. Full Name (Last, First, Middle Initial) DR Brett Carmichael Mailing Address 17000 Barryknoll Way City Granger State IN Zip Code 46530-6910 FEC ID number of contributing federal political committee. C Name of Employer Radiology, Inc. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 564.10		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 7 Transaction ID: 21256350 Amount of Each Receipt this Period 254.80
C. Full Name (Last, First, Middle Initial) DR Joel Cohen Mailing Address The Goshen Health System 200 High Park Ave City Goshen State IN Zip Code 46526-4810 FEC ID number of contributing federal political committee. C Name of Employer Gundersen Clinic Occupation Radiation Oncologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 254.80		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 7 Transaction ID: 21256351 Amount of Each Receipt this Period 254.80

SUBTOTAL of Receipts This Page (optional)

764.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR David D'Andrea
 Mailing Address 51326 Amesbury Way

City State Zip Code
 Granger IN 46530-4829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256352

Amount of Each Receipt this Period

254.80

B. Full Name (Last, First, Middle Initial)
 DR Gerard Duprat, JR
 Mailing Address 620 W Edison Rd Ste 110

City State Zip Code
 Mishawaka IN 46545-2784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256353

Amount of Each Receipt this Period

254.80

C. Full Name (Last, First, Middle Initial)
 DR Mary Dynes
 Mailing Address Elkhart General Hosp
 600 East Blvd

City State Zip Code
 Elkhart IN 46514-2499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256354

Amount of Each Receipt this Period

254.80

SUBTOTAL of Receipts This Page (optional)

764.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Laurence Eckel

Mailing Address 15822 Cedar Ridge Ct

City State Zip Code
 Granger IN 46530-6516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256355

Amount of Each Receipt this Period

254.80

B. Full Name (Last, First, Middle Initial)

DR Alan Engel

Mailing Address 50741 Ashford Ln

City State Zip Code
 Granger IN 46530-8423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256356

Amount of Each Receipt this Period

254.80

C. Full Name (Last, First, Middle Initial)

DR James Field

Mailing Address PO Box 1258

City State Zip Code
 South Bend IN 46624-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256357

Amount of Each Receipt this Period

254.80

SUBTOTAL of Receipts This Page (optional)

764.40

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Thomas Fischbach

Mailing Address 50600 Fox Trl

City	State	Zip Code
Granger	IN	46530-8598

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology, IncOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	7

Transaction ID: 21256358

Amount of Each Receipt this Period

254.80

B. Full Name (Last, First, Middle Initial)

DR Michael Grantham

Mailing Address 50591 Glenshire Ct

City	State	Zip Code
Granger	IN	46530-4978

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

814.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	7

Transaction ID: 21256359

Amount of Each Receipt this Period

254.80

C. Full Name (Last, First, Middle Initial)

DR Alphonse Harding

Mailing Address 17120 Wheatridge Ct

City	State	Zip Code
Granger	IN	46530-9769

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	7

Transaction ID: 21256360

Amount of Each Receipt this Period

254.80

SUBTOTAL of Receipts This Page (optional)

764.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 56 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR John Hill
 Mailing Address 1531 Cedar Springs Ct

City State Zip Code
 Mishawaka IN 46545-4053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256361

Amount of Each Receipt this Period

254.80

B. Full Name (Last, First, Middle Initial)
 Dr. Michael R. Holt
 Mailing Address 16980 Stonegate Court

City State Zip Code
 Granger IN 46530-6947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256362

Amount of Each Receipt this Period

254.80

C. Full Name (Last, First, Middle Initial)
 Nina F. Johnson
 Mailing Address 16730 Orchard Ridge Court

City State Zip Code
 Granger IN 46530-5900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256363

Amount of Each Receipt this Period

254.80

SUBTOTAL of Receipts This Page (optional)

764.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Allison Lamont

Mailing Address Radiology Inc
PO Box 1258

City State Zip Code
South Bend IN 46624-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256364

Amount of Each Receipt this Period

254.80

B. Full Name (Last, First, Middle Initial)
DR Russell Midkiff

Mailing Address 51930 Quail Valley Dr

City State Zip Code
Granger IN 46530-8875

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256365

Amount of Each Receipt this Period

254.80

C. Full Name (Last, First, Middle Initial)
DR Pedro Miro

Mailing Address 50957 Park Ridge Ct

City State Zip Code
Granger IN 46530-4986

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256366

Amount of Each Receipt this Period

254.80

SUBTOTAL of Receipts This Page (optional)

764.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Eldon W. Olson

Mailing Address 2006 Long Knife Court

City State Zip Code
Louisville KY 40207-1176

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.80

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256367

Amount of Each Receipt this Period

254.80

Full Name (Last, First, Middle Initial)

B. DR Mark Ormson

Mailing Address 51194 Midlothian Ct

City State Zip Code
Granger IN 46530-9253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256368

Amount of Each Receipt this Period

254.80

Full Name (Last, First, Middle Initial)

C. DR Samir Patel

Mailing Address 14208 Avery Point

City State Zip Code
Granger IN 46530-4844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256369

Amount of Each Receipt this Period

254.80

SUBTOTAL of Receipts This Page (optional)

764.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Karl Schultz

Mailing Address 620 W Edison Ste 100

City State Zip Code
Mishawaka IN 46545-2784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256370

Amount of Each Receipt this Period

254.80

Full Name (Last, First, Middle Initial)

B. DR Thomas Seiffert

Mailing Address 620 W Edison Rd Ste 110

City State Zip Code
Mishawaka IN 46545-2784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256371

Amount of Each Receipt this Period

254.80

Full Name (Last, First, Middle Initial)

C. Kevin Michael Small

Mailing Address 307 E La Salle Avenue Apt. 322L

City State Zip Code
South Bend IN 46617-4704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256372

Amount of Each Receipt this Period

254.80

SUBTOTAL of Receipts This Page (optional)

764.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Jerrold A. Van Dyke

Mailing Address Radiology Incorporated
PO Box 1258

City State Zip Code
South Bend IN 46624-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256380

Amount of Each Receipt this Period

254.80

Full Name (Last, First, Middle Initial)

B. DR Katrina Vanderveen

Mailing Address 14635 Wheaton Dr

City State Zip Code
Granger IN 46530-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256381

Amount of Each Receipt this Period

254.80

Full Name (Last, First, Middle Initial)

C. DR LeRoy Weaver, JR

Mailing Address 21339 Morse Pl

City State Zip Code
Bristol IN 46507-9032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan State Univ (Flin-
t)

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.80

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256382

Amount of Each Receipt this Period

254.80

SUBTOTAL of Receipts This Page (optional)

764.40

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Michael Wheeler
Mailing Address 3068 North 700 West

City State Zip Code
Pleasant View UT 84414-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	7

Transaction ID: 21256383

Amount of Each Receipt this Period

254.80

B. Full Name (Last, First, Middle Initial)
DR Howard Wiarda
Mailing Address 16784 Woodland Hills Dr S

City State Zip Code
Granger IN 46530-8447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	7

Transaction ID: 21256384

Amount of Each Receipt this Period

254.80

C. Full Name (Last, First, Middle Initial)
DR Mohammed Quraishi
Mailing Address 721 N 82nd St

City State Zip Code
Seattle WA 98103-4319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	7

Transaction ID: 21256712

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

759.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Thomas Cunningham, III
 Mailing Address 419 S Washington St

City State Zip Code
 Casper WY 82601-2951

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Casper Medical Imaging

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 7 / 2 0 0 7

Transaction ID: 21264450

Amount of Each Receipt this Period

120.00

B. Full Name (Last, First, Middle Initial)
 DR Boris A. Karaman
 Mailing Address Casper Medical Imaging
 419 S Washington St Ste 101

City State Zip Code
 Casper WY 82601-2951

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Casper Medical Imaging

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 7 / 2 0 0 7

Transaction ID: 21264451

Amount of Each Receipt this Period

120.00

C. Full Name (Last, First, Middle Initial)
 DR Paul Peters
 Mailing Address 3850 E 14 Apt U

City State Zip Code
 Casper WY 82609-3100

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Casper Medical Imaging,
 P.C.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 7 / 2 0 0 7

Transaction ID: 21264452

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Geoffrey Smith

Mailing Address Casper Medical Imaging
 419 S Washington St Ste 101

City State Zip Code
 Casper WY 82601-2951

FEC ID number of contributing federal political committee.

C

Name of Employer
 Casper Medical Imaging

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 7 / 2 0 0 7

Transaction ID: 21264453

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. DR Daniel Sulser

Mailing Address 5280 Squaw Creek Rd

City State Zip Code
 Casper WY 82604-4257

FEC ID number of contributing federal political committee.

C

Name of Employer
 Casper Medical Imaging,
 P.C.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 7 / 2 0 0 7

Transaction ID: 21264454

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

C. DR David Williams

Mailing Address 4821 Wooldridge Rd

City State Zip Code
 Corpus Christi TX 78413-2728

FEC ID number of contributing federal political committee.

C

Name of Employer
 Casper Medical Imaging,
 P.C.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 7 / 2 0 0 7

Transaction ID: 21264456

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

540.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Hugo Falcon, JR
Mailing Address 2304 Valley Brook Way NE

City State Zip Code
Atlanta GA 30319-5241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Imaging SpecialistsOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	7

Transaction ID: 21269513

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR Rizvan Mirza
Mailing Address 534 Edisto Ct

City State Zip Code
Chapel Hill NC 27514-1676

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	7

Transaction ID: 21269517

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Christopher McManus
Mailing Address 304 Spaulding Farm Rd

City State Zip Code
Greenville SC 29615-6025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Forest Univ School
of MedOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	7

Transaction ID: 21269520

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Steven Miller

Mailing Address 23 Moffat Rd

City State Zip Code
Waban MA 02468-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Wellesley Hosp

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: 21273799

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Michael Raskin

Mailing Address 144 N Sewalls Point Rd

City State Zip Code
Sewalls Point FL 34996-6502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michael M. Raskin, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: 21273801

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City State Zip Code
Dallas TX 75254-8613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging & Inter-
ven specialis

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: 21273802

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Mark Yuhasz Mailing Address 3203 Horsehead Bay Dr NW City State Zip Code Gig Harbor WA 98335-5854 FEC ID number of contributing federal political committee. C Name of Employer Tacoma Radiology Associates Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 7 Transaction ID: 21273803 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) DR Marcela Bohm-Velez Mailing Address Weinstein Imaging Associates 5850 Centre Ave City State Zip Code Pittsburgh PA 15206-3780 FEC ID number of contributing federal political committee. C Name of Employer Weinstein Imaging Associates Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1333.36		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 7 Transaction ID: 21275780 Amount of Each Receipt this Period 166.67
C. Full Name (Last, First, Middle Initial) DR Raja Cheruvu Mailing Address 165 Via Foresta Ln City State Zip Code Williamsville NY 14221-1984 FEC ID number of contributing federal political committee. C Name of Employer Baylor College of Medicine Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 7 Transaction ID: 21275781 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

466.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Michael Brannon

Mailing Address 7 Foxglove Ct

City State Zip Code
 Greenville SC 29615-5505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275783

Amount of Each Receipt this Period

42.00

B. Full Name (Last, First, Middle Initial)

DR Elizabeth D'Angelo

Mailing Address 108 Bur Ben Ln

City State Zip Code
 New Bern NC 28560-7520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275784

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

DR Bruce Schroeder

Mailing Address 738 Lexington Dr

City State Zip Code
 Greenville NC 27834-0507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275795

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

182.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Kerry Chandler

Mailing Address 4100 Mullcroft PI

City

Fuquay Varina

State

NC

Zip Code

27526-8658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275796

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. DR Carl Eisenberg

Mailing Address Charlotte Radiology
PO Box 36937

City

Charlotte

State

NC

Zip Code

28236-6937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275797

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR James Hiken

Mailing Address 7109 Cove Pointe PI

City

Prospect

State

KY

Zip Code

40059-9680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diag. Imaging Alliance of
Louisville

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275798

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Edward Sullivan, III Mailing Address Radiology Assoc of Birmingham 2090 Columbiana Rd Ste 4400 City Birmingham State AL Zip Code 35216-2153 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 7 Transaction ID: 21275799 Amount of Each Receipt this Period 40.00
Name of Employer Radiology Associates of Birmingham Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 320.00		
B. Full Name (Last, First, Middle Initial) DR Stuart Moses Mailing Address 14 Timber Dr City North Caldwell State NJ Zip Code 07006-4406 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 7 Transaction ID: 21275800 Amount of Each Receipt this Period 40.00
Name of Employer Self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 320.00		
C. Full Name (Last, First, Middle Initial) DR Gustavo Villarreal, JR Mailing Address 261 Stone Creek Cir City Mc Gregor State TX Zip Code 76657-3943 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 7 Transaction ID: 21275801 Amount of Each Receipt this Period 30.42
Name of Employer Waco Radiological Clinic PA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 243.36		

SUBTOTAL of Receipts This Page (optional)

110.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Robert Newman

Mailing Address 913 Southview PI NE

City State Zip Code
 Lenoir NC 28645-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lenoir Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275802

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. DR Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City State Zip Code
 Monroe NC 28110-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275803

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. DR Richard Redvanly

Mailing Address 4315 Gosford PI

City State Zip Code
 Charlotte NC 28277-4546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275804

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

132.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Deborah Agisim

Mailing Address 5600 Laurium Rd

City State Zip Code
 Charlotte NC 28226-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275840

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR Alfred Mansour, JR

Mailing Address Central LA Imaging Inc
 3704 North Blvd Ste A

City State Zip Code
 Alexandria LA 71301-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central LA Imaging Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275842

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. DR Varian C. Scott, III

Mailing Address Radiology Assoc of Birmingham PC
 2090 Columbiana Rd Ste 4400

City State Zip Code
 Birmingham AL 35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Assoc of Birmin-
 gham

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275843

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

173.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Arthur Sandy

Mailing Address 2821 Argyle Rd

City State Zip Code
 Birmingham AL 35213-3403

FEC ID number of contributing federal political committee.

C

Name of Employer
Advanced Imaging Assoc of
AL

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275844

Amount of Each Receipt this Period

85.00

B. Full Name (Last, First, Middle Initial)
DR Jeffrey Magnuson

Mailing Address 3493 Siems Ct

City State Zip Code
 Arden Hills MN 55112-3639

FEC ID number of contributing federal political committee.

C

Name of Employer
St. Paul Radiology, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275845

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
DR Joel Wissing

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
 Charlotte NC 28236-6937

FEC ID number of contributing federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275846

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Gerald Dodd, III		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 7	
Mailing Address Univ of Texas Hlth Sci Ctr 7703 Floyd Curl Dr		Transaction ID: 21275848	
City State Zip Code San Antonio TX 78229-3901		Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. C			
Name of Employer Univ of Texas Hlth Sci Ctr Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.72	
B. Full Name (Last, First, Middle Initial) DR William Way, JR		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 7	
Mailing Address 7713 Oakmont PI		Transaction ID: 21275850	
City State Zip Code Raleigh NC 27615-5492		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Wake Radiology Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	
C. Full Name (Last, First, Middle Initial) DR Fred Lassiter		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 7	
Mailing Address Charlotte Radiology PO Box 36937		Transaction ID: 21275851	
City State Zip Code Charlotte NC 28236-6937		Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional)

165.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Daniel SchwarzMailing Address Charlotte Radiology
PO Box 36937

City	State	Zip Code
Charlotte	NC	28236-6937

FEC ID number of contributing
federal political committee.**C**Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	7

Transaction ID: 21275852

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. DR Dale Shaw

Mailing Address 3601 Sharon Rd

City	State	Zip Code
Charlotte	NC	28211-3325

FEC ID number of contributing
federal political committee.**C**Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	7

Transaction ID: 21275854

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. DR Jugesh Cheema

Mailing Address 4333 Bell Rd Unit 1514

City	State	Zip Code
Newburgh	IN	47630-8168

FEC ID number of contributing
federal political committee.**C**Name of Employer
Medical Center of DelawareOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	7

Transaction ID: 21275856

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

124.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Susan Mulligan
 Mailing Address 1088 Lullwater Rd NE

City State Zip Code
 Atlanta GA 30307-1244

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Radiology Associates of
 Birmingham

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275857

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
 DR Ira Adler
 Mailing Address 1811 Bloomsbury Rd

City State Zip Code
 Greenville NC 27858-9617

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Eastern Radiologists

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275858

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
 DR Maria Chong
 Mailing Address 16623 NE 90th Ct

City State Zip Code
 Redmond WA 98052-3733

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Radiomedical Imaging

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275920

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1090.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR William Murphy, JR

Mailing Address UT MD Anderson Cancer Center
1515 Holcombe Blvd

City State Zip Code
Houston TX 77030-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Texas

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275922

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Matthew Rifkin

Mailing Address Good Samaritan Hosp Med Ctr
1000 Montauk Hwy

City State Zip Code
West Islip NY 11795-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275934

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Lloyd E. Stambaugh, III

Mailing Address 16623 N.E. 90th Ct.

City State Zip Code
Redmond WA 98052-3733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: 21275978

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Shane Kraske

Mailing Address 37 Columbine Ct

City

Iowa City

State

IA

Zip Code

52246-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiologic Medical Servic-
es, Coralvill

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21296126

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Roger Thomas

Mailing Address 1636 Anita Ln

City

Newport Beach

State

CA

Zip Code

92660-4804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newport Harbor Radiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21296127

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. DR John Rogers

Mailing Address 802 West Gap Creek Road

City

Greer

State

SC

Zip Code

29651-5065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21296130

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

334.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR William Ketcham, II

Mailing Address 8824 Wildflower Dr

City State Zip Code
Cheyenne WY 82009-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of Medicine

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21296131

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

45847.48

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

8507.59

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21522366

Amount of Each Receipt this Period

1100.32

Interest

SUBTOTAL of Receipts This Page (optional)

1100.32

TOTAL This Period (last page this line number only)

1100.32

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Engel For Congress

Mailing Address 462 California Road

City State Zip Code
Bronxville NY 10708

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Eliot L. Engel

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 17

Transaction ID: 20896553

Date of Disbursement

08 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Charlie Melancon Campaign Committee Inc

Mailing Address 511 Congress St
PO Box 549

City State Zip Code
Napoleonville LA 70390

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Charles Melancon

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 3

Transaction ID: 20882020

Date of Disbursement

08 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Virginia Foxx For Congress

Mailing Address P.O. Box 1100

City State Zip Code
Clemmons NC 27012

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Virginia Foxx

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 5

Transaction ID: 20896536

Date of Disbursement

08 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Doggett For Us Congress

Mailing Address PO Box 5843

City
Austin

State
TX

Zip Code
78763

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Lloyd Doggett

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 25

Transaction ID: 21011968

Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City
Franklin

State
TN

Zip Code
37068

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Marsha Blackburn

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 7

Transaction ID: 20726141

Date of Disbursement

08 / 08 / 2007

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Tim Murphy For Congress

Mailing Address PO Box 24551

City
Pittsburgh

State
PA

Zip Code
15234

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Tim F. Murphy

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 18

Transaction ID: 20711448

Date of Disbursement

08 / 09 / 2007

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. McConnell Senate Committee '08

Mailing Address PO Box 1496

City
Louisville

State
KY

Zip Code
40201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Mitch McConnell

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District: 2

Transaction ID: 21011920

Date of Disbursement

08 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kirk For Congress

Mailing Address P.O. Box 8

City
Winnetka

State
IL

Zip Code
60093

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Mark Steven Kirk

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 10

Transaction ID: 21011942

Date of Disbursement

08 / 10 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Dutch Ruppersberger For Congress

Mailing Address 22 West Padonia Road Suite C-141

City
Timonium

State
MD

Zip Code
21093

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. C.A. Ruppersberger

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD

District: 2

Transaction ID: 21006253

Date of Disbursement

08 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. America Works PAC

Mailing Address PO Box 76187
Suite 800

City Washington State DC Zip Code 20013

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21011939

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. Voice for Freedom

Mailing Address 2451 Cumberland Parkway Suite 326

City Atlanta State GA Zip Code 30339

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21044050

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Hoosiers Supporting Buyer For Congress

Mailing Address 200 North Main St. P.O. Box 712

City Monticello State IN Zip Code 47960

Purpose of Disbursement

Candidate Name
Rep. Steve Buyer

Office Sought: ☒ House
☐ Senate
☐ President

State: IN District: 4

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21256679

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Price For Congress

Mailing Address P.O. Box 425

City
Roswell

State
GA

Zip Code
30077

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Thomas Price

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 6

Transaction ID: 21011947

Date of Disbursement

08 / 23 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Texans For Senator John Cornyn Inc

Mailing Address 6850 Austin Centre Blvd
Suite 180

City
Austin

State
TX

Zip Code
78731

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. John Cornyn

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 2

Transaction ID: 21256673

Date of Disbursement

08 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

28000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21522364

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2007

Amount of Each Disbursement this Period

166.60

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

166.60

TOTAL This Period (last page this line number only)

166.60